



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Jimmy A. Parks, et al.

SERIAL NO.: 10/645,284

FILING DATE: August 21, 2003

TITLE: PROJECTILE RETRIEVAL SYSTEM

ART UNIT:

EXAMINER:

DOCKET NO.: 2370.ACT1.NP

CERTIFICATE OF MAILING
UNDER 37 C.F.R. § 1.8

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Randall B. Bateman

3/1/04

Date of Deposit

INQUIRY AS TO STATUS OF PATENT APPLICATION

Mail Stop Amendment - No Fee
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Inquiry as to the status of the above-referenced patent application is hereby requested. No filing receipt has been received since the filing of the application on August 21, 2003. Please advise.

DATED this 1st day of March, 2004.

Respectfully submitted,

Randall B. Bateman
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/645,284
		Filing Date	August 21, 2003
		First Named Inventor	Jimmy A. Parks, et al.
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	: 6	Attorney Docket No.	2370.ACTI.NP

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Extension of Time Request _____ month	<input type="checkbox"/> Maintenance Fee Transmittal ____ year
<input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief	<input type="checkbox"/> Fee Calculation Table	<input type="checkbox"/> Missing Parts Response
<input type="checkbox"/> Assignment with Cover Sheet	<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References	<input type="checkbox"/> Notification of Change of Attorney Address & Docket Number
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input checked="" type="checkbox"/> Return Postcard
<input type="checkbox"/> Check in the amount of \$_____		<input type="checkbox"/> Revocation & Power of Attorney
<input type="checkbox"/> Credit card authorization in the amount of \$_____		<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Declaration & Power of Attorney		<input checked="" type="checkbox"/> Other: <u>Status Inquiry</u>
<input checked="" type="checkbox"/> Drawings <u>4</u> sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Attorney for Applicant	Randall B. Bateman, Registration No. 37,774 4 Triad Center, Suite 825 P. O. Box 1319 Salt Lake City, Utah 84110 (801) 533-0320 telephone: (801) 533-0323 facsimile
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Signature		Date	3/1/04
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Typed or Printed Name	Randall B. Bateman
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Signature		Date	3/1/04
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